

(Express Mail Label No.: ET615079098US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/648,012
Applicant: WOOLFORK, C. Earl
Filing Date: 08/26/2003
Title: WIRELESS DIGITAL AUDIO MUSIC SYSTEM
TC/A.U.: 2615
Confirmation No.: 3337
Examiner: FLANDERS, Andrew C.
Docket No. W003-4000

Mail Stop AMENDMENT
Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450.

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action of May 17, 2006, please amend without prejudice the above-identified patent application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Drawings begin on page 11 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 12 of this paper.

Remarks/Arguments begin on page 36 of this paper.

08/17/2006 WADELRI 00000067 10648012
01 FC:2201 1100.00 OP
02 FC:2202 1000.00 OP

12/29/2006 SFELEKE1 00000006 10648012

01 FC:2201 900.00 OP
02 FC:2202 700.00 OP

Page 1 of 40

Refund Ref: 12/29/2006 0030036822

Credit Card Refund Total: \$500.00

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Adjustment date: 12/29/2006 SFELEKE1
08/17/2006 WADELRI 00000067 10648012
-1100.00 OP
01 FC:2201
02 FC:2202

The Patel Law Firm

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November 30, 2006

United States Patent and Trademark Office
Mail Stop 16
Director of the USPTO
P.O. Box 1450
Alexandria, Virginia 22313-1450

Re: Application No.: 10/648,012
Our File No.: W003-4000

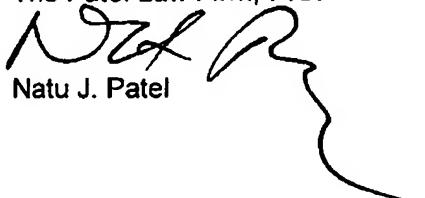
Dear Sir or Madam:

This letter is in reference to the Patent Application Fee Determination Record ("Fee Record"), a copy of which is enclosed.

On August 15, 2006, this office filed a Response to Office Action of May 17, 2006 and paid \$2,100 in filing fees. Based on the Fee Record, the correct amount that was due was \$1,600. We would appreciate if a refund for \$500 was credited back to us, and deposited directly in our USPTO Deposit Account, Number 50-4010.

Thank you for your prompt attention to this matter. Should you have any questions, please do not hesitate to contact us.

Very truly yours,
The Patel Law Firm, P.C.


Natu J. Patel

Enclosure
NJP/ec

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/648013

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS | 5 | |
|----------------------------------|--------------|--------------------------|
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 5 minus 20 = | 5 |
| INDEPENDENT CLAIMS | 2 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

8/15/06 CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2) (Column 3)

| AMENDMENT # | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total | 48 | Minus | 20 | 28 |
| Independent | 19 | Minus | 10 | 9 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY
TYPE

| RATE | FEES |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | 375 |

OTHER THAN
OR SMALL ENTITY

| RATE | FEES |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

OTHER THAN
OR SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X\$9= | 700 |
| X42= | 900 |
| +140= | |
| TOTAL ADDT. FEE | 1000 |

| AMENDMENT # | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total | 48 | Minus | 20 | 28 |
| Independent | 19 | Minus | 10 | 9 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDT. FEE | |

| AMENDMENT # | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|-------|---|------------------|
| Total | 48 | Minus | 20 | 28 |
| Independent | 19 | Minus | 10 | 9 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDT. FEE | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.